

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: Click or tap here to enter text. ☒ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 10/07/2020

Auditor Information

Name: Robert Manville	Email: robertmanville9@gmail.com
Company Name: Correctional Management and Communication Group	
Mailing Address: 168 Dogwood Drive	City, State, Zip: Click or tap here to enter text.
Telephone: 912-486-0004	Date of Facility Visit: 9/13-17/2020

Agency Information

Name of Agency: Minnesota Department of Correction			
Governing Authority or Parent Agency (If Applicable): Minnesota			
Physical Address: 1450 Energy Park Drive, Suite 200,		City, State, Zip: St. Paul, MN 55108	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://mn.gov/doc/family-visitor/prea-policy/			

Agency Chief Executive Officer

Name: Paul Schnell	
Email: Paul.Schnell@state.mn.us	Telephone: 651-361-7200

Agency-Wide PREA Coordinator

Name: Debra Wienand	
Email: debra.wienand@state.mn.us	Telephone: 651-361-7153
PREA Coordinator Reports to: John Melvin; OSI Manager	Number of Compliance Managers who report to the PREA Coordinator: 10

Click or tap here to enter text.		Click or tap here to enter text.	
Facility Information			
Name of Facility: Minnesota Correctional Facility – Faribault			
Physical Address: 1101 Linden Lane		City, State, Zip: Faribault MN 55021	
Mailing Address (if different from above): Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: https://mn.gov/doc/family-visitor/prea-policy			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years): <input checked="" type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Agency Reviews			
Warden/Jail Administrator/Sheriff/Director			
Name: Tracy Beltz			
Email: tracy.beltz@state.mn.us		Telephone: 507-334-0701	
Facility PREA Compliance Manager			
Name: Jami Doeden			
Email: jami.doeden@state.mn.us		Telephone: 507-334-0702	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Ashley Semora			
Email: Ashley.semora@state.mn.us		Telephone: 507-332-0512	
Facility Characteristics			

Designated Facility Capacity:	2040	
Current Population of Facility:	1640	
Average daily population for the past 12 months:	2022	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-92	
Average length of stay or time under supervision:	79 months	
Facility security levels/inmate custody levels:	3 and 4	
Number of inmates admitted to facility during the past 12 months:	2109	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2109	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	2109	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	525	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	57	

Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	70
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	70
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	230
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	19 Inside the Perimeter; 6 Outside the Perimeter
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	8
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	7
Number of open bay/dorm housing units:	2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	48
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.		<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:		1 Facility; 10 Agency
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.		<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?		1 Facility; 10 Agency
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply		<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police	

<input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Minnesota Correctional Facility – Faribault is operated by the Minnesota Department of Corrections (DOC). This is the facility's third PREA audit. The current audit was attained and assigned to Robert Manville a certified DOJ Auditor by Correctional Management and Communication Group. The onsite audit was conducted from September 13 through September 17, 2020. Prior to the on-site visit, the agency PREA coordinator and the facility PREA Compliance Manager forwarded to the auditor all policy and supporting documentation, including the completed Pre-Audit Questionnaire, administrative reports, contracts, incident reports, memorandums, policies, brochures, staff rosters, PREA audit notices, staffing plans, training information, and other reference materials for examination prior to the on-site visit. Notice of the audit was posted throughout the facility on March 3 and updated several times during the pandemic. The final posting was on July 30, 2020. Faribault is accredited with the American Correctional Association.

Minnesota Department of Corrections has revised policies, directives, contracts, and operational programs to encompass the Prison Rape Elimination Act into the day to day operations and long-term planning of all correction facilities. Part of these policies and directives includes.

- Minnesota Department of Corrections 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response
- Minnesota Department of Corrections 301.055 Security Rounds
- Minnesota Department of Corrections 301.010 Searches
- Minnesota Department of Corrections 202.050 Offender/Resident Orientation
- Minnesota Department of Corrections 300.045 Contractor Relationship to Department
- Minnesota Department of Corrections 103.014 Background Checks for Applicants and Current Employees
- Minnesota Department of Corrections 107.005 "Office of Special Investigations"
- Minnesota Department of Corrections Five-year Camera Plan
- Minnesota Department of Corrections 500.030 Orientation Training for Health Services Staff
- Minnesota Department of Corrections 202.045 Evaluation, Placement of

Transgender/Intersex Offenders

- Minnesota Department of Corrections 301.085 Administrative Segregation
- Minnesota Department of Corrections 302.020 Mail
- Minnesota Department of Corrections 202.040 Offender Intake Screening and Processing
- Minnesota Department of Corrections 303.100 Grievance Procedure
- Minnesota Department of Corrections 107.007 Criminal Investigations
- Minnesota Department of Corrections 103.225 Employee Investigation and Discipline Administration
- Minnesota Department of Corrections 300.200 Officer of the Day

The facility population on the day of the audit was 1640 inmates. There is a total of 525 staff that have direct contact with the inmate population. The facility contracts with 70 staff for additional services. There are 230 volunteers that are available for services to the offender population. At the present time, the services are being discontinued due to Cova 19 virus.

Sexual Assault Forensic Examinations are conducted at Mayo Medical Center of Owatonna and Northfield Hospital. The facility also has a SART (Sexual Assault Response Team) that consists of the Administrator, PREA Manager, investigators, and PREA Support Persons (PSP) who respond, as necessary. PREA Support Persons are staffs who have been trained to assist the victim through all processes, including providing assistance in obtaining outside support services. The Department of Corrections has established a victim advocate program. These staff will provide advocacy service or partner with other agencies to support the inmate victims of sexual abuse.

At the entrance of each building, and sleeping areas there is a PREA bulletin board with the following signs posted (in English and Spanish); Victim support services, Audit notice postings with the PREA auditors contact information, PREA Ways for Reporting, and Zero tolerance to sexual abuse or harassment. This same information is located in all areas of the facility that inmates were present during the facility tour.

Both medical and mental health staff are available at the facility and are available as requested. Correctional officers and support staff were noted interacting with inmates in all areas that inmates were located. intake processing areas, all housing units, the restrictive housing unit, the health services department, recreation, food service, facility support areas, education, visiting rooms, industry shops and programming areas.

During the tours, it was noted that there was sufficient staffing to ensure a safe environment for inmates and staff. Signs were posted (in English and Spanish) that indicated employees of the opposite gender were present in the housing units Postings, regarding PREA violation reporting and the agency's zero-tolerance policy toward sexual abuse and sexual harassment were prominently displayed in all housing units, meeting areas and throughout the facility. Audit notice postings with the PREA auditor's contact information were in the same areas. Inmates can shower, dress, and use the toilet without exposing themselves to employees of the opposite gender.

Twenty-four (24) randomly selected correctional staff members were interviewed.

Correctional officers and Lieutenants from all shifts were included in the interview process. These correctional staff also included staff assigned to supervise housing units, utility staff, escort staff and crisis response team members. A total of six (6) random staff including maintenance, secretaries, and administrative staff were also interviewed. All were aware of the agency's zero-tolerance could explain their new employee and annual PREA training and their duties as first responders as part of a coordinated response. The Agency Director, Agency PREA Coordinator and Agency Contract Administrator had been previously interviewed (the auditor is in receipt of the completed interview questionnaires). Specialized staff members were also interviewed. This included the Warden, PCM, OSI Investigator, Human Resource Specialist, Retaliation Monitor, Medical Administrator, Mental Health Director, Case Manager Supervisor, 3 Case Managers, and staff at Mayo of Owatonna. All interviewed staff and contractors demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position or roles with the organization and employment status.

A total of fifty-two inmates were interviewed. The interviewed inmates were of various ages, nationalities, and ethnic backgrounds. Inmate random interviewed inmates included inmates in every dormitory in the facility with the exception of detainees in three intake quarantine dormitories.

Targeted population

Populations	Targeted population	Total Available on date of audit	Total Interviewed
Transgender	3	3	3
Allegation of Sexual Abuse	0	0	0
Allegation of Sexual Harassment	0	0	0
Victimization	3	3	3
LGBT	4	4	4
Segregation for PREA	0	0	0
Disabled	1	1	1
Deaf	2	2	2
Blind	2	2	2
Cognitive	3	3	3
LEP	3	3	3
Total Random Inmates	1500	1500	33

A translator was available while interviewing LEP inmates. Sign language staff were available by zoom to interview deaf inmates. There were no inmates in Protective Custody for any PREA related issue. Overall, all inmates interviewed demonstrated a good understanding of the PREA compliance program, the intake screening process, the prevention and protection process and reporting mechanisms. The inmates further stated that staff members were responsive to their needs and that they felt safe at the facility. Of the inmates with history of victimizations each was offered follow up interviews with the

facility mental health staff.

New arrival inmates receive printed information regarding the facility's PREA program and watch a video that provides additional information about the program. The facility offers medical, dental, mental, health and social services. The design of the prison permits inmates to shower, change clothes and use toilet facilities with an adequate degree of privacy and avoid cross- gender viewing. Inmates requiring health care beyond the scope of services provided in the facility are transported to providers or a hospital in the community. Following allegations of sexual abuse/assault, examinations and forensic evidence collection are conducted by certified SANE/SAFE providers at Mayo Medical Center of Owatonna Forensic Services SANE nurse.

Investigations

There was one reported allegation of sexual abuse/sexual harassment. This allegation investigation was conducted professionally, timely and provided documentation of retaliation monitoring and attempt to notify the detainee of outcome of the investigation. The investigation was found to be unfounded.

All inmates and correctional staff were willing to discuss and provided positive information on the facility's compliance with PREA.

Interviews were conducted with specialized staff. The interviewed included the PREA compliance manager, warden, assistant warden for operations, clinical psychologists, investigator, two (2) staff assigned as PREA support persons, retaliation manager, medical administrator, volunteer coordinator, education director, personnel director, officers in charge (OIC) for first and second shift, medical contractor, PREA compliance manager, PREA Coordinator, two (2) Lieutenants and Major. A facility staff roster was provided by the PREA Compliance Manager and the Auditor randomly chose available staff from the roster to be interviewed.

The Auditor reviewed fifteen (15) personnel staff files These files represented five (5) recently hire staff, five (5) staff that had been promoted and five (5) staff that have worked at the facility more than five years.

Fifteen (15) inmate records were reviewed. These records included the following information.

- Identification Number
- Identification Number Date of Birth
- Date of Arrival
- Date of Screening
- Date of Follow-up Screening
- Date of Initial PREA notification
- Date of PREA orientation

Fifteen (15) employee training records were reviewed. Included in the employee training records included random officers, medical staff, mental health staff and lieutenants that conducts PREA harassment investigations. Each file included documentation of annual PREA training and specialized training for Medical, mental health and Lieutenants that completed investigations.

There were three (3) investigative files and investigative review team findings reviewed. These investigations included investigations during the audit period and two files that were over one year old. However, the additional files were reviewed to determine compliance with the investigative files. All files meet the expectation of PREA standard.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Minnesota Correctional Facility – Faribault established in 1989 on this 140-acre campus of a former state mental hospital. Between 2005 and 2008, the Minnesota legislature funded a \$129 million expansion and modernization program, which included the construction of four new 416-bed living units.

The prison's medium security inmates are primarily housed within these four large "K" buildings, so called because each building consists of four wings in a "K" configuration around a central control rotunda, with each two-story wing capable of housing 104 offenders in two-bunk cells. There are showers, and dressing areas on each floor of the dormitories that provide an area for inmates to shower and dress without being viewed by staff of the other gender. In each dormitory is a PREA bulletin board with the following signs posted (in English and Spanish); Victim support services, Audit notice postings with the PREA auditors contact information, PREA Ways for Reporting, and Zero tolerance to sexual abuse or harassment. Above the telephones is a Posters that provide information on utilizing the telephone to report PREA concerns or to contact a third party that is provided as one of two ways that inmates may make an allegation of sexual abuse or sexual harassment outside of the agency.

MCF – Faribault also consists of a level 2 minimum security facility located outside the secured perimeter. This facility consists of two building. One building is a living unit and the other is a work area. The building consists of a dormitory, offices, multipurpose room, and dining area. There are showers, and dressing areas in the dormitories that provide an area for inmates to shower and dress without being viewed by staff of the other gender. In each dormitory is a PREA bulletin board with the following signs posted (in English and Spanish); Victim support services, Audit notice postings with the PREA auditors contact information, PREA Ways for Reporting, and Zero tolerance to sexual abuse or harassment. Above the telephones is a Posters that provide information on utilizing the telephone to report PREA concerns or to contact a third party that is provided as one of two ways that inmates may make an allegation of sexual abuse or sexual harassment outside of the agency.

The work area located at the minimum security area is a Laundry that is responsible for cleaning the bedding for all of the agency's correctional facilities, as well as other state agencies with whom they contract (e.g., veteran's hospital, colleges).

Three buildings are dedicated to educational programs, including

- General Educational Development (GED)
- Adult Continuing Education (ACE)
- English as a Second Language
- Release Readiness Program
- Law Library
- Leisure Library

There is a bathroom for residents that allows inmates to utilize the bathroom without being viewed by staff. There were PREA Information program on bulletin boards in library and classroom services.

Approximately 525 offenders are involved in some form of education.

The vocational and prison industry program is located inside the secure area of the facility. Restrooms in these programs have an offender bathroom that has partitions to allow inmate to utilize the restroom without being in view of other offenders or staff. The vocational and industry area are open bays with no blind spots noted during the facility tour.

The Religious Services Department consists of a chapel area, group rooms, music area and offices. There were PREA posters located in the religious services hallway and in the front entrance area. There were no blind spots noted in this area.

The Food Service Department has a large dining room with a food service preparation area attached. Except for the staff dining room, all areas of food service are under constant surveillance with cameras, mirrors, or staff supervision. There are zero-tolerance posters in all food service areas.

The Receiving/Discharge area has an intake area for orientation and initial intake. Upon arriving at the facility inmates are individually taken to an office for shake down and to be issued clothing. There is a partition for inmate's privacy during the shakedown. The shakedown rooms had a camera that allow staff of the other gender to see inmates being strip searched. A corrective action plan was required. The facility black out portion of this room to allow resident to strip and not be seen on the camera. There are other offices located this area which allow private interviews to be conducted. There were zero-tolerance posters displayed in the intake area. New arrivals receive printed information regarding the facility's PREA program and watch a video that provides additional information about the program.

The Health Services Department contains treatment rooms, a pharmacy, an X-ray room, and dental offices. There is a bulletin board that contains PREA information located in the waiting area. There are correctional officers assigned to the health care area, whenever inmates are in this area. Staffing includes 30 Health Care providers. The health services program is staffed 24 hours per day, seven days per week. The clinic area is located to provide easy access to the inmate population. There is a private, semi-private, and small dormitory located in the

health services area. The area has some showers inside the rooms with curtains and one shower area for offenders' use that is not located in the room. This area has a shower curtains for offender privacy.

The Visitation room is a large seating area with no blind spots noted. It is under supervision of staff whenever offenders visit. There are private offices located in this area. There are PREA information located in the visitation room.

The facility has 48 cell segregation unit divided by management needs. Parts of the units are for protective custody including area for separation for other inmates from each other and an area for disciplinary sanctions. The unit also contains one wing that is used for mental health management including suicide watch. The area has cameras in each of the rooms. When the unit is utilized for non-suicide watch or mental health overrides the cameras are turned off. When the unit's cameras are utilized the control, room is designated as a male staff post only. The segregation unit has separate shower areas that are petitioned through the use of showers to allow inmates to shower and change clothing without being viewed by person of the other gender.

The facility has over 1250 cameras located throughout the facility. Where blinds were noted the facility has placed either camera or mirrors during past audits.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 5

List of Standards Exceeded:

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient Standard 115.17: Hiring and promotion decisions Standard 115.41: Screening for risk of victimization and abusiveness Standard 115.65: Coordinated response Standard 115.81: Medical and mental health screenings; history of sexual abuse

Standards Met

Number of Standards Met: 40

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: [Click or tap here to enter text.](#)

REVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Minnesota Department of Corrections 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response
DOC organization chart
OSI organization chart

Minnesota Department of Corrections (MNDOC) published serial # 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response which addresses this standard. The policy mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlines procedures and expectations related to agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. It is developed in compliance with the PREA standards for adult prisons and jails and includes definitions of prohibited behaviors regarding sexual assault and sexual harassment for staff and inmates.

The policy also included sanctions for staff and inmates found to have participated in prohibited behaviors. Staff members who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance with Employee Discipline policy and Facility Rule of Conduct and subject to employment termination. Employees are subject to criminal prosecution.

The policy includes a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

Inmates who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance with sanctions outlined in the facility's inmate handbook.

The agency and Office of Special Investigations organizational chart meets the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The agency policy and organization chart establish an upper-level PREA coordinator for the company who has sufficient time and authority to develop, implement, and oversee MNDOC efforts to comply with the PREA standards in all facilities.

MNDOC policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the A&O Handbook, and postings distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. Both institution staff and inmates are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year.

The institution meets the standards with all the programs they have implemented to ensure the inmates and staff understand its position on zero-tolerance and how to prevent and intervene in sexual abuse, sexual assaults, or sexual harassment. Compliance was determined by review of policies, memorandums, orientation power point presentations, posters, A&O handbook and interviews with staff, contractors, volunteer coordinator and inmates.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

12 MNDOC Contract for Services

Minnesota Department of Corrections contracts for the confinement of its inmates with private agencies or other entities including other government agencies. Presently there are 12 contracts for confinement of inmates. Any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. Minnesota Department of Corrections publishes website which clearly states all new contracts, amended contracts, or contracts renewals shall include an obligation to adopt and comply with the PREA standards. Contracted providers will be subject to PREA audits and contract monitoring to ensure compliance with PREA standards.

Compliance was verified through review of contracts, review of Minnesota Department of Corrections website and interview with DOC PREA coordinator.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes
☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☒ Yes ☐ No ☐ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Minnesota Department of Corrections 301.055 Security Rounds
Unit Logs showing Rounds
Sample of Exec Team Rounds
FRB FY20 Staffing Plan

MNDOC requires the facility to review the staffing plans on an annual basis. The annual staffing plan included:

- Generally accepted detention and correctional practices.
- Judicial findings of inadequacy.
- Findings of inadequacy from Federal investigative agencies.
- Findings of inadequacy from internal or external oversight bodies.
- All components of the facility's physical plant.
- The composition of the inmate population.
- The number and placement of supervisory staff.
- Institution programs occurring on a particular shift.
- Applicable State or local laws, regulations, or standards.
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Other relevant factors.

Interviews with the Warden and executive staff revealed compliance with the PREA, and that other safety and security issues are always a primary focus when they consider and reviewing their respective staffing plans. The facility has a Staffing Report that is developed for each pay period. The Warden meets weekly with his executive staff, including to address staffing issues as they relate to the PREA.

The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included an examination

of all video monitoring systems; staff interviews; and rosters. Supervisory and Administrative staff members routinely make unannounced rounds covering all shifts and these rounds are documented. PREA rounds are documented in PREA logs at the officer's stations logs for housing units.

Minnesota Department of Corrections Policy: 301.055 Security Rounds mandates compliance with standard. All facilities have developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. The facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. The facility's staffing plan takes into consideration the generally accepted correctional practices in calculating adequate staffing levels and determining the need for video monitoring. The agency provided the center with PREA incidents reported including time, place, and active action reports. This information is utilized to review the facility staffing plan for the upcoming fiscal year.

There have been no judicial findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. All essential posts are filled each shift and no essential posts are kept open for salary savings. When programs are offered, staffing is increased to provide additional supervision. The review of Institution Duty Officer (IDO) unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors, including shift supervisors and department heads, conduct and document visits throughout the institution, during the day, at night and on weekends. Staff members are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Institution Duty Officers daily, including nights and weekends. PREA rounds are documented in operations computerized logs and at the officer's stations logs for housing units. An examination of PREA Annual Assessment Meeting Minutes, policy and supporting documentation and all interviews confirms compliance with this standard. Compliance was also determined by staff interviews conducted during the tour of all areas of the facility, including human resource manager and correctional staff; reviews of documented staffing rosters, daily supervisory checks and facility workforce quarterly meeting records; pay period staffing reports and the examination of the video monitoring system. A staffing plan review was conducted by Faribault in January 2020. A comprehensive tour of the facility was conducted during the audit that included looking for blind spots, reviewing cameras coverage and available staff in areas that inmates are assigned. Subsequently, tours of each area of the facility was also reviewed while going throughout the facility to meet with staff and to interview inmates.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Statement of Fact

The facility does not house persons under the age of 18.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that

information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Minnesota Department of Corrections 301.010 Searches
Minnesota Department of Corrections 301.055 Security Rounds
Staff Training Curriculum

Minnesota Department of Corrections 301.010 Searches mandates that Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances and never for the purpose of examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Staff interviews also confirmed that all officers have been trained to conduct cross-gender pat searches. Staff interviews indicated they received cross-gender pat search training during initial and annual training. The facility has implemented a policy on searches that requires that all opposite gender staff working the units will announce themselves prior to walking the range to allow inmates the opportunity to prepare themselves from a privacy

perspective. Each living unit and other areas have a doorbell that is utilized any time female staff, visitors, or volunteers enter the housing unit. Inmates interviewed acknowledged they were allowed to shower, dress, and use the toilet without being viewed by staff of the opposite gender.

Staff and inmates interviewed indicated employees of the opposite gender announce their presence before entering a housing unit. Unit staff also announce the possibility of opposite gender staff entering the housing units at the beginning of each shift. Additionally, the auditor observed written notifications which clearly stated the possibility of opposite gender staff routinely entering the units posted in the unit common areas. The postings were written in both English and Spanish. Staff members were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. During the past 12 months, there were no exigent circumstances that required cross-gender viewing of an inmate by a staff member. The living areas have showers with partitions that provides for inmate privacy while showering. Some toilet areas have partitions with door to allow inmates to use the restroom without being viewed by staff. Based on the review of policies, training and notices regarding the presence of female staff in the units, observation of the showering/dressing areas and interviews with staff and inmates, it has been determined that the facility meets the expectation of this standard

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

Orientation Material and Posters
MNDOC Policy 202.050 Offender-Resident Orientation
Power point training
PREA Packet Spanish
PREA Staff Training
Offender Handbook Spanish
Contracts for Translation Services
MNDOC Policy 202.057 (Inmate Readers)

Through policy and practice, the facility ensures that inmates with all disabilities listed in §115.16 (a) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

The agency's training curriculum address implementation of Agency Mandates. All PREA related information, including postings, brochures and handouts are available in English and Spanish languages. Staff also may read information to inmates when necessary. Translation services are available through a contracted language service for inmates who are not English proficient for any language.

Communication services are available for inmates who use sign language. The facility does not rely on inmate interpreters, inmate readers or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's allegations. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance functions. Three inmates with cognitive limitations two inmates that were limited English proficient and two inmates that required sign languages services were interviewed. Both services were provided in a timely basis. Inmates interviewed indicated they have used the services on several occasions. Interviews with blind, deaf, ESL, and disabled inmates, staff and an examination of policy and supporting documentation confirmed compliance with this standard.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Minnesota Department of Corrections Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response

Minnesota Department of Corrections Policy 103.014 Background Checks for Applicants and Current Employees

The agency provided a number of documents that validate policy for all areas of this standard. These include New Hiring Prohibitions, Promotion Prohibitions, New Employee Hiring Policy, Hiring Process Manual, and External Web Employee. Minnesota Department of Corrections Policy: 103.014 Background Checks for Applicants and Current Employees and Policy: 300.045 Contractor Relationship to Department codifies the requirements for this standard. Each of these documents require Pre-employment background checks, a minimum of background checks within five (5) years of initial employment and background checks for all promotions prior to being offered a promotion. Policy mandates upon employees a continuing affirmative duty to disclose any misconduct involving engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, or anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above. Additionally, MDOC requires staff to report any criminal or civil activities.

Minnesota Department of Corrections central personnel office completes all background checks. Fifteen (15) local personnel files were examined by the Auditor to ensure compliance with all aspects of this standard. This included five new hires, five promotions, and five staff with over 5 years tenure with the agency. All backgrounds had been conducted. All employees who have contact with inmates have had a full field background.

Contractors and volunteers who have regular contact with inmates also have criminal background checks completed prior to having contact with inmates. Volunteer and contractor background checks are repeated yearly. A review of the visitors file provided update background checks. The facility does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates who has engaged in any type of sexual abuse or sexual harassment (no exceptions). Employees have a duty to disclose such misconduct and material omissions regarding such misconduct may be grounds for termination.

Submission of false information by any applicant is grounds for not hiring the applicant. The Human Resource Manager was interviewed and confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Human Resource Manager also confirmed the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee, upon receiving a request from an institutional employer for whom such employee has applied to work. Policy provides

that the facility notifies appropriate licensing/certifying agencies when professional staff members are terminated for substantiated allegations of sexual abuse or sexual harassment. A review of personnel and volunteer files and relevant supporting documentation, including interview with personnel manager and volunteer coordinator confirm compliance with this standard.

The human resources director maintains a spread sheet with all staff, dates they were hired, dates background check were completed, when five year reviews are scheduled, date five year background were completed, dates promotions were announced, date promotion backgrounds were requested, date backgrounds were completed, and date staff were offered the promotion. A review of background checks, policy and interviews with Human Resources staff determined the agency exceeds the expectation of this standard.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

Minnesota Department of Corrections 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response

FRB Camera Area Report

5-15-19 Security Systems Meeting

Minnesota Department of Corrections Five-year Camera Plan

Minnesota Department of Corrections 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response requires that when designing or acquiring any new facility and in planning and substantial expansion or modification of existing facilities, the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

Interviews with the PREA Compliance Manager and Warden indicated that was no major expansion during the past four years. The facility Management Team indicated when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility's ability to protect inmates from sexual abuse. The facility has made additional enhancement to the cameras in living areas and blind areas identified during the last PREA audit. While reviewing the camera system it was determined that the additions to cameras in the shakedown room in the intake area compromised the ability of offenders to be viewed by persons of the other gender. A corrective action plan was required. During the review, the facility staff modified the cameras by adding a black out area that provided privacy when offenders were being stripped searched.

The major and warden indicated that preventive maintenance is completed on cameras on a continuous basis.

Compliance was determined by review of the corrective action plan and review of camera system, interviews with Warden and reviewing yearly staffing and upgrade plan.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers?
☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Law Enforcement MOU
Victim Advocate Memo—2016
Victim Advocate Resume
ACISS Case PDF 75221011
Email with HS Dir Nan Larson

MDC Policy 107.007 Criminal Investigation states that the Office of Special Investigations (OSI) investigates allegations of felony level criminal activity by offenders and assists law enforcement agencies with conducting criminal investigations involving employees, volunteers, contractors, and visitors within the department. Completed investigations are forwarded to the appropriate assistant or deputy commissioner for referral to the appropriate county attorney's office for criminal prosecution. Any investigative data revealing criminal activity outside of the department is referred to the appropriate law enforcement agency. This was confirmed in an interview with the assigned facility investigator. Criminal Investigation policy mandates that persons conducting investigations must be aware of PREA standards and follow appropriate Sex Abuse investigations protocol.

An email chain with PREA coordinator and Agency Medical Director established that health services provided subsequent to allegations of sexual assault, abuse, or harassment at no cost to the offender. One forensic exam was conducted during the prior 12 months.

MCF-Faribault has documented evidence of an attempt to engage the services of a community service provider. In lieu of securing a service provider the Agency has established a division to provide victim services including counseling, supporting including accompanying victims through hospital forensic services and consulting with community agencies for additional supporting services. A trained and educational appropriate staff manages this division to provide victim assistance and advocacy for victims of sexual assault. The division has extensive experience and training in victim advocacy. Her contact information is posted in all housing units. Interview with Division Director and with Mayo Medical Center of Owatonna and Northfield Hospital confirmed that the hospital's SANE staff have community volunteers to agree to escort victims going through a victim's forensic examination. Most of the offenders interviewed confirmed they knew how to contact her, while several others showed no interest in that resource.

Minnesota Department of Corrections Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response Inmate Sexual Abuse and Sexual Harassment establishes the requirements for first responders, investigators and medical staff to secure the crime scene including the areas of the offense, the victim, and alleged abuser for the preservation of usable evidence. The Policy mandates that persons responsible for investigating allegations of sexual abuse follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution.

Investigators are trained and follow appropriate curriculum for a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. Minnesota Department Correction investigations utilizes Department of Justice "National Protocol for Sexual Assault Medical Forensic Examination, Adults / Adolescents for all investigations.

The facility has developed and trained staff on a Coordinated Response Plan. The facility also has trained all PREA Support Person roles and responsibilities to assist in coordinated responses of sexual abuse. The facility uses the services at Lakeview Hospital that maintains

a Sexual Assault Nurse Examiner on call at all times. During the last 12 months there have been one inmate referred to hospital of SANE forensic evaluation. There were no findings during this investigation.

Compliance was confirmed by review of policies, documents including investigative files, interviews with investigator, PREA compliance manager, PREA Coordinator, Mayo Medical Center of Owatonna, and review of an interview with Victim advocate.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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POLICY AND DOCUMENT REVIEWED:

MNDOC Policy1 202.057 Investigations
MNDOC Policy 107.007 Criminal Investigation

The agency has ten (10) investigators that have completed investigator training offered by Minnesota Department of Corrections. One of these investigators is assigned to MCF Stillwater. The facility investigators also provide any information requested by the Police Department investigators.

Minnesota Department of Corrections Policy 202.057 Investigations requires a preliminary investigation when any allegation may meet the level of a PREA violation and an investigation for all PREA allegations. Facility Lieutenants are trained to conduct investigations of sexual harassment and forward the preliminary investigation to the PREA compliance manager. The PREA compliance manager reviews the report and notifies the Agency PREA coordinators office of PREA Allegation of Sexual Harassment. MNDOC Policy 107.007 Criminal Investigation mandate when information is learn from a non-DOC agency the Office of Special Investigations will notify the non-DOC agency within 72 hours of learning of any Sexual abuse or harassment allegations. When the information is learned from other agencies or third party reporting the Office of Special Investigations will begin an investigation within 24 hours. The information will be entered into PREA data base relying on the information that is provided and through the Office of Special Investigations. Compliance was determine through review of <https://mn.gov/doc> website and interview with a Sexual Abuse investigator assigned to MCF Faribault, review of Lieutenant investigations and interviews with facility Lieutenants.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

Staff PREA Training
 PREA Orientation
 Central Office Orientation January 2019
 Lesson Plan PREA Culture
 Maintaining Boundaries Lesson Plan
 Pat Search with Cross Gender Considerations
 PREA Signature of Understanding
 PREA Staff Training Records
 PREA Training Requirements
 Academy PREA Orientation
 PREA Orientation

The Minnesota Department of Corrections Policy 202.057 states that offenders, staff, contractors, volunteers, and others deemed necessary by administration must receive training on sexual abuse/harassment/staff sexual misconduct prevention, detection, and the DOC's response plan. New employees are required to receive forty (40) hours of training. This

training curriculum includes all elements of PREA training noted above. Related education is provided annually during refresher training. The review of lesson plans, training logs and PREA power point presentations confirmed that the provided training also addresses all elements identified in the standard.

Employees have PREA information noted on posters available to them and located throughout the facility. They are provided a PREA Brochure developed by the PREA office and all carry a PREA reference card. Staff annual training files were reviewed and contained documentation supporting compliance with this standard. All staff interviewed indicated they received the required PREA training initially and annually.

The agency maintains a Learning Management System for employees, and it maintains all staff records. In order to show completion of the training, staff must first receive the training and pass a test. Staff members are required to use their personal information to enter the course and indicate they have received and meet the minimum test requirements. The extensive training provided and staff knowledge of PREA requirements confirmed that the facility is compliant with this standard. All staff members interviewed were aware of all aspects of the training and each interviewed indicated they had received training in the previous year. Compliance was confirmed by reviewing policies, fifteen (15) training records and interviews with facility staff.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

PREA Orientation
Contractor Orientation
Ishare Database form
MN PREA Standards-online module
PREA sign off form
Sex Misconduct with Offenders brochure
Signed training forms 2019
Specific Training Slides
Volunteer Orientation Packet-DOC Policies

The facility has a person assigned to provide the management of volunteers. Volunteers are managed in accordance with agency policy 300.040 Volunteer Services Program. Part of this policy and new volunteer program orientation includes training on PREA. All volunteers participate in yearly PREA training and document this information on their Volunteer files.

The medical administrator and contracting officer for medical services coordinate for all medical contractor staff. Policy 300.045 Contractor Relationship to Department requires contracting staff must attend facility orientation and training for ten-day at the training academy at central office, prior to working independently in any assignment involving direct and on-going contact with offenders/residents. The facility employs 70 contracting staff and has 230 volunteers authorized to enter the facility. Presently, the volunteer program is discontinued due to Pandemic.

Two contracting medical staff was interviewed. Each received PREA training and undergoes a yearly background check prior to being allowed into the facility or supervises inmates. The volunteer coordinator provided the documentation provided to volunteers. No volunteer was interviewed due to the facility not allowing volunteers to enter the facility.

A review of the PREA training rosters signed by contract staff, a review of the volunteer and training files confirmed all information required to document training. All background checks are maintained in the administrative offices and were reviewed and found up to date. All volunteer or contract staff receives copies of a PREA updates. These updates were noted in

the file and were verified through an interview with volunteer coordinator and medical administrator.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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POLICY AND DOCUMENT REVIEWED:

Minnesota Department of Corrections 202.057 Sexual Abuse/Harassment Prevention,
Reporting, and Response
Contracts for Translation Services
Inmate education
English-Spanish No means No Posters
English-Spanish Orientation
Education-Spanish verification
MNDOC Sexual Abuse Helpline Poster-English- DOC Sexual Abuse Helpline Poster English-Spanish

Prior to being assigned to this facility each inmate goes through a diagnostic program or processing center. Offenders receive written and verbal information in a language easily understood by the offender, regarding:

- a) The DOC zero-tolerance policy on sexual abuse/harassment.
- b) How to avoid sexual contact in prison.
- c) The risks and potential consequences of engaging in any type of sexual activity while incarcerated, which may include criminal sanctions and/or offender discipline.
- d) How to identify and report an incident of sexual abuse/harassment or staff sexual misconduct.
- e) What defines a false accusation and the consequences for making a false accusation; and
- f) How to obtain counseling services and/or medical assistance if victimized.

During in-processing procedures at MCF Faribault, a staff member conducts an education program regarding the PREA, and each inmate is provided a pamphlet describing the agency's PREA compliance program. The information identifies the key elements of the program and informs them of the zero-tolerance policy regarding sexual abuse and sexual harassment and multiple ways to report sexual abuse or sexual harassment. The information also informs the inmates they will be free from retaliation for reporting an incident and that both male and female staff members routinely work in and monitor the housing units. The information is available in English and Spanish languages.

Telephonic translation services are available to inmates who are not proficient in English. Sign Language service are available for deaf offenders. Readers are available for blind offenders.

Inmate interviews confirmed that they received PREA information and they were aware of numerous reporting methods to include anonymous and third-party reporting, the zero-tolerance policy, and their right to be free from retaliation. The tour of the Facility confirmed that several PREA education posters were prominently displayed in all housing units, the visiting rooms, and common/program areas. Each time an Inmate receives training it is documented in his computerized institutional record, which includes an Education Program Search Screen. Two inmates that were English Proficient were interviewed and verified they received the training in their preferred language. Two inmates that were deaf were interviewed by a professional simultaneous sign language interpreter. Each stated they had received PREA orientation and training through the use of sign language. Interviews with staff and inmates; visual observations of posters/notices; examination of policy and other documentation; review of institutional files; and observation of intake procedures confirmed the facility is in compliance with this standard. The facility provided inmate orientation prior to coming to the facility, during the first several hours at the facility and then in a formal education program during the first 30 days at the facility. Inmate interviewed also said they are provided additional training during case manager meetings and almost daily by staff. Mental Health staff and case managers confirmed there is an emphasis on PREA compliance and training.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

Minnesota Department of Corrections 107.005 "Office of Special Investigations" Specialized Training
 Training ppts
 Training Record
 Certificate Training
 Investigator Training-First Responder

Policy 107.005 Office of Special Investigations addresses this standard. All investigators have received training relevant to PREA. The investigator was interviewed, and they were able to explain in detail the process and procedures required during a PREA-related investigation.

A review of the training curriculum included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In addition, the agency investigators correspond with each other and discuss investigations and serve as a resource to ensure all investigations are complete. The local investigator was extremely knowledgeable of sexual abuse or sexual harassment. Lieutenants that conduct sexual harassment investigations have received specialized training in conducting sexual harassment interviews. A review of the training records interviews with investigator and lieutenants confirmed completion of required specialized training in conducting sexual abuse investigations and additional training on investigating sexual harassment interviews in confinement settings.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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POLICY AND DOCUMENT REVIEWED:

MNDOC Policy 500.030 Specialized Training for Medical
Specialized Training Health Services

PREA

The facility has full-time medical care staff and full-time mental health staff on site. All mental health and medical staff have received the required specialized training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment, victim identification, interviewing, reporting and clinical interventions. Medical and mental health care staff acknowledged, in writing, that they both received and understood the training, as it relates to the PREA. Interviews with medical and mental health staff confirmed awareness of their responsibilities regarding the PREA specialized training medical and mental health staff have attended during the last 12 months. Medical staff interviewed were extremely knowledgeable of sexual abuse and sexual harassment and responses to reporting and identifying sexual abuse or sexual harassment. Compliance was determined by review of training curriculum, interviews with nurse, Medical Administrator and mental health director and reviewing computerized training files for nurse and mental health practitioners.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MNDOC Policy 500.040 Intake Screening
 PREA Screening Including Historical Follow Up Redacted
 Risk Screening Follow-up 202.040D
 Minnesota Department of Corrections 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response
 Minnesota Department of Corrections 202.045 Evaluation, Placement of Transgender/Intersex Offenders
 Minnesota Department of Corrections 202.040 Offender Intake Screening and Processing

All new arrivals are seen by a nurse within first two to four hours of arriving at the center and an initial interview including the agency screening instruments; and case managers conduct further screening within 30 days of arriving at the facility. The facility screening instrument provides that the facility will reassess the intake screening within 30 days of the inmate arriving at the center. Minnesota Department of Corrections Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response addresses all components of this standard for screening new and transferring inmates. Policy 202.040 Offender Intake Screening and Processing provides all requirements mandated in Minnesota Department of Corrections Policy 202.057. Policy requires health services staff must screen offenders for potential vulnerability to sexual assault and/or tendencies to act out with sexually aggressive behavior using the MN DOC PREA screening. Staff reviews daily Corrections Operational Management System (COMS) for PREA follows up 30-day reviews and behavior or additional information that would mandate further follow up. The facility associate warden of operations (AWO) and facility sexual abuse

response team (SART) use the Screening Tool Follow-up Matrix as a guide to identify the appropriate follow-up response and case-by-case decision making. If the screening identifies an offender with a potential vulnerability and/or demonstrated risk for sexually aggressive behaviors, staff must immediately notify the associate warden of operations (AWO)/designee. The AWO/designee, in consultation with the warden, determines whether sexual abuse response team (SART) activation is warranted. PREA screenings must be completed in the Corrections Operation Management System (COMS). All follow-up responses are documented in COMS. Offenders must not be disciplined for refusing to answer, or for not disclosing complete information, when screened by staff. The staff psychologist reviews and conducts additional screening on inmates. In interviews with the psychology director verified five (5) ways that screening for victimization or abuse behavior are reviewed. An informal network with psychologist provides for a conversation with sending facility about new intakes.

Policy 203.010 Case Management Process require case managers to review screening within first 30 days of arrival at facility. All diagnostic records are confidential and only available on a need to know basis. A review of the screening instrument contains all requirements identified in the standard. The system is password protected for need to know staff. When transferred to another facility, the inmate receives a screening review by the medical staff within the first 72 hours of the inmate's arrival, but this activity ordinarily occurs within a few hours on the first day of arrival to the facility. This system is computerized on the statewide Minnesota DOC Prison Obligation Dashboard which automatically sends a message to the respective specialized staff whenever a positive response is given. This notification provides a time-frame for the specialized staff to take action, and changes to a red icon, if the response is not timely made, allowing management to immediately take action to ensure the offender receives proper and appropriate services. The review of screening documents by the Auditor confirmed that inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates were referred to a mental health professional and all received further assessment. Fifteen (15) intake files were examined by the Auditor. Staff also reviews records or other information and information from other facilities.

The inmate tracking system contains all information in computerized inmate files. Information received during the screening process is confidential and only available to staff with a need to know and never to other inmates. Staff and inmate interviews, a review of policy/documentation (including screening documents and inmate tracking system) and observations of the intake process confirmed compliance with this standard. In interviews with the facility management team it was clear that all administrators are aware of the need to review and update screening instruments and utilize this screening instrument in managing the offender population.

Staff and inmate interviews, a review of policy/documentation (including screening documents and inmate tracking system) and observations of the intake process confirmed the agency exceeds the expectation with this standard.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MNDOC Policy 202.040 Use of Screening Information
MNDOC Policy 202.057 Use of Screening Information
MNDOC Policy 202.045 Management of Transgender-Gender Non-Conforming-Intersex Offenders
High Risk Offender Placement Documentation
PREA Screening Including Historical Follow Up Redacted
Room Assignments Report

Minnesota Department of Corrections Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response, and 202.040 Offender Intake Screening and Processing requires risk screening information is used to determine housing, bed, work, education, and program assignments, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Determinations for these assignments are made on a case-by-case basis. Staff members assigned to conduct intake screening have been provided additional training and resource materials. Policy 202.045 addresses the evaluation and placement of transgender and intersex offenders. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems. The DOC does not place lesbian, bisexual, transgender, and gender variant, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status. The DOC evaluates and places offenders who claim to be undergoing transgender or transsexual-related treatment, offenders who appear to be gender-variant, or offenders having other clinical conditions in which the gender assignment is unclear in a similar manner. The agency has developed and implemented a transgender committee (TC) – comprised of the health services director, department medical director, intake/security representative, director of behavioral health, health services administrator from intake facility, department director of nursing, warden of the facility where the offender is currently housed, and any other department employee deemed necessary to make a decision. The offender's own views regarding his or her own safety are considered in placements and job assignments. Policy mandates placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months.

The facility shower areas are modified to establish privacy from staff of the other gender. Inmates are also allowed to dress and complete bodily functions without being in view of person of the other gender.

Overall compliance of the standard was verified through review of policies, interviews with PREA Compliance Manager, Case Managers, Warden, and Psychologist, other correctional staff, inmates, and tour of the facility. There were 3 transgender inmates interviewed. Two of

the inmates has been at the facility for more than six months. The inmates were interviewed about 6-month review and the psychologist provided a copy of the 6-month review.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

Minnesota Department of Corrections 301.085 Administrative Segregation
MNDOC Policy 202.057 Involuntary Segregation

Minnesota Department of Corrections Policy 202.057 mandates inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Minnesota Department of Corrections Policy 301.085 Administrative Segregation requires that the use of administrative segregation reviews of placement on administrative segregation: each facility must develop an instruction for the administrative and behavioral health review of

offenders on administrative segregation status. Facility instructions must meet the following minimum standards: 1. Staff must notify mental health personnel whenever an offender is placed on administrative segregation status due to medical/mental health issues; 2. The initial administrative review must occur within 24 hours of placement; 3. An administrative review occurs every seven days for the first 60 days after the initial administrative review; 4. An administrative review occurs every 30 days after 60 days placement on administrative segregation; 5. A behavioral health review must be conducted upon completion of 30 days on administrative segregation and conducted thereafter every 90 days; and 6. Behavioral health reviews must be recorded in the offender's behavioral health record and retained accordingly. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

Inmates placed in segregated housing for high risk of sexual victimization shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: the opportunities that have been limited, the duration of the limitation; and the reasons for such limitations.

The facility has not placed an inmate in segregation in response to an allegation of sexual abuse or sexual harassment. Compliance was determined by review of policies, interviews with Lieutenant restrictive housing unit manager, PREA Compliance Manager and Warden.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENTS REVIEWED:

Orientation Material and Posters
 MNDOC Policy 202.057 Inmate Reporting
 Incident Staff PREA
 Inmate handbook
 New Staff PREA Training Requirements
 Victim Advocate Services Info

Minnesota Department of Corrections Policy 202.057 affords offenders multiple ways to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for making a report, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Ways to Report Included:

- Telling a staff
- Writing a note
- Mailing a complaint
- Contacting the Victim Advocate
- Contacting a Third-Party Reporting utilizing telephone and dialing #55
- Contacting the Agency Website

Inmates are provided training on reporting during their initial PREA orientation and are provided a form documenting they are aware of ways to report. All staff interviewed clearly understood that they can privately report sexual abuse and sexual harassment of offenders without fear of agency disciplinary action.

Inmates have unimpeded access to telephones and can call the Minnesota PREA Hotline or any law enforcement agency of their choosing. They can also report to a third party, who can make the report for them.

The facility does not hold individuals for civil immigration purposes. Sexual abuse and sexual harassment can be reported in writing, anonymously, privately, and from a third party. Staff documents all allegations. Staff members are trained to immediately report and document any sexual abuse or sexual harassment allegation. There are posters and other documents on display throughout the facility that also explain reporting methods. The facility provides a posting explaining at least two way for inmates to report sexual abuse or sexual harassment to an entity that is not part of the agency.

Minnesota has attempted to develop a Memorandum of Understanding (MOU) with Victims Advocate. In order to establish a victim advocate program Minnesota Department of Corrections has employed staff to coordinate with victim advocate services and provide victim support when needed. There are phone numbers posted on all PREA posting areas and next to telephones for inmates to contact PREA Hotline and a Victim Advocate services. Minnesota provides staff with a brochure that provides multiple ways for staff to report allegations of sexual abuse or sexual harassment. Interviews with staff and inmates; observations of posters addressing reporting methods; and an examination of policies, dialing #55, and the MOU for third party reporting confirm compliance with this standard.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☒ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☒ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☒ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☒ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENTS REVIEWED:

MNDOC Policy 303.100 Grievance

Minnesota Department of Corrections precludes the use of Grievance System for PREA. Inmates may not file facility grievances about issue for which there is a separate review or appeal process that is identified as the "final decision," including Minnesota Department of Corrections Policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response." Verification was determined by review of policy and interview with PREA coordinator.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENTS REVIEWED:

Victim Advocate Memo—2016
Offender Handbook (English Offender Handbook (English and Spanish)
Offender Handbook (English and Spanish)
Victim Advocate
Mayo Medical Center of Owatonna

Minnesota Department of Corrections policy 107.007 Criminal Investigations requires prior to the investigation of an alleged sexual assault, the special investigator must offer the victim the right to have a victim advocate present during any stage of the investigation. The PREA coordinator provided a memo detailing attempts to secure the services of rape crisis centers. The agency has established a victim advocacy office to provide victim services including private reporting. This information is on Posters located next to telephones and on bulletin boards throughout the facility. The advocacy office will reach out to community-based rape crisis centers or provide sexual assault advocacy services when requested. The DOC helpline number is posted near the offender phones. You will not be charged for the call. Any caller may remain

anonymous; however, calls made from offender phones are subject to recording and monitoring. The posting also contains a national resource number. This number is accessed by dialing #55. This speed dial number is a free and non-recorded call to a Rape, Abuse, & Incest National Network (RAINN). The level of confidentiality is consistent with the policies of RAINN. This policy is listed on or near the posting. Anyone who repeatedly misuses any helpline, threatens, or harasses the support specialist may be subject to discipline. The advocacy staff or trained in conducting advocacy services and would accompany inmates during forensic testing if requested. The service provider has provided two referral forms that provide information to inmates on victim services and reporting requirements. Inmates interviewed were aware of the program and how to get in contact with advocacy programs by confidential phone calls. Compliance was confirmed by review of department personnel action establishing position including a job description and minimum qualifications of staff assigned to these duties and review of interviews with staff providing this service. Further compliance was confirmed by interview with medical staff at Mayo Medical Center and by contacting the RAINNs advocate by utilizing the offender phone system and call #55.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED

Information on the public website
Adult Brochure

The agency has developed several ways for third-party reporting of sexual abuse or harassment. Minnesota Department of Corrections Policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response" includes offenders may report sexual abuse/harassment/staff sexual misconduct to an outside agency directly or through a third party. Any party can call the agency Sexual Assault Helpline or write a letter on behalf of an offender to make a report of sexual abuse and harassment. This information can be found on the agency website. Also, most of the staff and offenders interviewed stated that they knew that reports could be made by 3rd parties. Compliance was confirmed through review of Posters, Department Of Correctional website <https://mn.gov/doc/family-visitor/prea-policy/prea-links/>

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENTS REVIEWED:

MNDOC Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response;
Section Staff and Agency Reporting duties

MNDOC Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response;
Section Confidentiality

Staff, Volunteer and Contractor Training

Minnesota Department of Corrections Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response mandates that all staff, contractors, and volunteers are required to immediately report any information regarding sexual abuse or sexual harassment or any staff neglect, action or violation that may contribute to an incident or an act of retaliation. The reporting is ordinarily made to the OIC but could also be made privately or to a third-party.

Policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case to be shared with staff who need-to-know because of their involvement with the victim's welfare and/or the investigation of the incident. Medical and Mental Health staff were aware of their responsibilities to report allegation of sexual abuse or

sexual harassment. Interviews with staff, and volunteers confirmed they were aware of their reporting duties. The facility has a check list for staff and supervisors to utilize to be certain that all information is private when an allegation of abuse or harassment is received by an inmate. Additional compliance with all aspects of the standard was verified through document and policy review. Most inmates that were interviewed indicated they felt comfortable reporting information to the shift supervisor. The facility does not house inmates under the age of 18.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MNDOC Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response;
Section Protection
Staff, Volunteer and Contractor Training

Policies and operating procedures address all mandate of this standard. Any offender who alleges to be a victim of sexual abuse or any offender who alleges to be a victim of sexual harassment shall be offered protection and an incident report will be completed and investigation conducted. Prior to placing a victim in the restrictive housing unit, the security needs of the individual persons shall be reviewed by the warden or facility duty officers. If an inmate is place in involuntary self-protection, accommodations and essential services shall be comparable to those provided for the general population. Interviewed staff members were aware of their duties and responsibilities when they become aware or suspect an inmate is being or has been sexually abused or sexually harassed. All staff indicated they would act immediately to protect the victim, to include

separating the victim/predator, securing the scene to protect possible evidence, preventing the destruction of potential evidence, and contacting the lieutenant and medical staff. In the past 12 months there were no instances in which institution staff members determined that an inmate was subject to a substantial risk of imminent sexual abuse.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENTS REVIEWED:

MNDOC Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response.

Minnesota Department of Corrections Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Superintendent will notify the head of the facility or appropriate office of the agency or facility where the sexual abuse allegedly occurred. Policy requires such notification will occur as soon as possible and no later than 72 hours of receiving the allegation. Documentation is required of any such notification.

There has been four (4) allegation of an inmate being sexually abused provided in the while confined at another facility documented on the PAQ. Only one incident occurred in the previous 18 months. The facility provided copies of memo forwarded the same day the information was provided by the offender during intake at the facility. The OSI investigator provided documentation of an investigative review of the allegations.

Compliance with this standard was verified by reviewing Policy, memos and interview with Intake staff and Stillwater Correctional Center PREA compliance manager and Warden.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MNDOC Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response;
Section; First Responder
First Responder Checklist
ACISS CasePDF_75221011
Incident Reports
SART Checklists

The facility operates under the Minnesota Department of Corrections Policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response." The Policy outlines duties, procedures, and actions for first responders to an allegation of sexual abuse. The agency has developed a checklist to be utilized by staff to document first responder's duties. The PREA training lesson plan outlines the duties and responsibilities for first responders and medical staff in the event an inmate is sexually abused. Inmates may report acts of sexual assault abuse, or harassment to any employee, contract employee, or volunteer.

Upon learning of an allegation that an inmate was sexually abused if the responder is a correctional officer or other staff (1) Separate the alleged perpetrator and victim so that neither one can hear or see the other. (2) Remain with the victim to provide safety and support, and to ensure that the victim does not wash, shower, change clothes, or otherwise compromise physical evidence on his/her body prior to examination. (3) With the exception of health services staff and the watch commander, the staff receiving the report must initiate the First Responder Sexual Abuse Response Checklist. (4) Inform the watch commander/designee of the alleged sexual abuse. (5) Secure the crime scene. Take photographs as needed. (6) Complete a confidential incident report. (7) Forward the First Responder Sexual Abuse Response Checklist and confidential incident report to the watch commander.

In the past 12 months, there been one allegation that an inmate was sexually abused: Of this allegation the first security staff member responded to the report separated the alleged victim and abuser. In the past 12 months there was one (1) allegations staff were notified within a time period that still allowed for the collection of physical evidence. In the case staff preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: (2) Requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: (3) Ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In this case the facility investigators had the forensic examination in order to forward to local police for investigations.

Faribault SART work diligently to train staff and maintain a seamless system involving the OIS Investigator, Mental and Medical health staff, correctional officers, case managers, and community resources to respond to allegations of sexual assaults. Each staff have cards of expectations to respond to incidents. Shift supervisors and other staff conducted briefing

during regular role call meeting to discuss roles and responsibilities of correctional staff. The PREA compliance manager sends regular reminders to staff. Of the allegations that an inmate was sexually abused made in the past 12 at no time was a non-security staff member the first responder. Exceeded expectations was verified through review of policy, training plan, investigative files, first responder checklist and interviews with correctional and non-correctional staff.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENTS REVIEWED:

Bargaining Agreement
Links to Bargaining Units

The agency's master labor contracts contain a provision allowing the agency to reassign any staff or place staff on administrative leave for up to twelve months pending the outcome of an investigation. Compliance was confirmed by review of updated Commissioner's labor plan.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENTS REVIEWED:

MNDOC Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response; Section; Retaliation

MNDOC Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response mandates that retaliation by staff or inmates against any staff or inmate for reporting an alleged sexual abuse or sexual harassment case is strictly prohibited. The PREA Compliance Manager and OIS Investigator monitor all reported cases of sexual abuse or sexual harassment for at least 90 days following any such report to ensure retaliation does not occur. In the case of inmates, this monitoring will include periodic status checks by Retaliation Monitor. The facility has several protection and reporting measures for inmates. Policy outlines the protection measures available and requires the prompt re-mediation of any type of retaliation, any use of involuntary segregated housing for the inmate who alleged suffering sexual abuse shall only be used after an assessment determines there is no other avenues for protecting the offender. A review of the retaliation monitoring confirmed that all inmates that made allegation of sexual abuse were provided retaliation monitoring. Compliance was determined by review of policy, retaliation monitoring form, and interview with PREA coordinator, PCM, OSI Investigator and Warden.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENTS REVIEWED:

MNDOC Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response; Section; Post Allegation Segregation

Minnesota Department of Corrections policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response." mandates that the use of protective custody only if no other alternative means of protection is available, or if inmates request this level of protection. Following notice of activation, the facility SART leader must promptly take any action deemed necessary for the immediate safety needs of the alleged victim. Involuntary (administrative) segregation should only be assigned when another alternative cannot be found and must not exceed 30 days. There were no instances where protective custody or restrictive housing was used at this facility. Voluntary or involuntary restrictive housing requires weekly reviews by the case manager. Compliance was confirmed by review of policy, segregation logbooks and interview with case manager supervisor, OIC, Restrictive Housing Unit Lieutenant and PREA compliance manager.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENTS REVIEWED:

Minnesota Department of Corrections 107.007 Criminal Investigations
 Minnesota Department of Corrections 107.005 "Office of Special Investigations" Specialized Training
 Training ppts
 Training Record
 Certificate Training
 Investigator Training-First Responder

Minnesota Department of Corrections Policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response and Minnesota Department of Corrections 107.005 Office of Special Investigations mandates that all PREA incidents are promptly, thoroughly and objectively investigated. The Office of Special Investigations (OSI) investigates allegations of felony level criminal activity by offenders and assists law enforcement agencies with conducting criminal investigations involving employees, volunteers, contractors, and visitors within the department. When the facility conducts investigations, the agency uses investigators who have received specialized training in conducting sexual abuse investigations in a confinement setting. The facility coordinates with the Faribault Police Department for criminal investigations involving Staff on Inmates.

Administrative investigations address staff actions, credibility and a review of fact and findings of the criminal investigation (if applicable). All interviews are conducted as approved by the Office of Special Investigations and Compliance. Both criminal and administrative investigations are well documented and maintained in the files. Files reviewed included a copy of the law enforcement report, if they conducted a criminal investigation, statements of victim, alleged abuser (if identified) and witnesses, and statements by the PREA Support

Person (PSP) and Investigator as to the steps they took during the investigation.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators interview alleged victims, suspected perpetrators, and any other possible witnesses. Investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator. The agency only conducts compelled interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Substantiated allegations of conduct that appear to be criminal are referred for prosecution. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation.

All administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Administrative investigations are documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations are documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence. The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The agency does ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation. When an outside entity investigates sexual abuse, the facility cooperates with outside investigators and endeavors to remain informed about the progress of the investigation. Utilizing the working paper documents for conducting reviews of investigative files, three (3) files of inmates alleging sexual abuse or sexual harassment were reviewed. Only one (1) of these allegations were for the last 12 months. However, the other files were provided for additional documentation of the investigative protocols. There were 10 investigations of allegations of sexual harassment that did not rise to the level of a PREA complaint that were conducted by Lieutenants and forwarded to the PREA compliance manager for review. A review of the OIS investigations and the Lieutenants investigation were managed appropriately, completed promptly, thoroughly and in compliance with policy. Compliance with this standard was determined by a review of policy/documentation, investigations, and interviews with investigator.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENTS REVIEWED:

Minnesota Department of Corrections Policy 107.007 Criminal Investigations
Minnesota Department of Corrections Policy 103.225 Fact-Finding Process and Discipline
Administration: Evidentiary Standards

The agency mandates in accordance with PREA standards, during the course of investigations, the facility shall impose no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or harassment are substantiated. For staff disciplinary policy mandates that in cases arising under Policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting and Response," no standard higher than a preponderance of the evidence is used to determine whether the allegations have been substantiated.

Investigator training programs provide in-depth clarification of this standard. When interviewed, the investigators were aware of the evidence standard. Compliance was determined by review of policy, investigator training curriculum, interview with investigator and PCM

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENTS REVIEWED:

Minnesota Department of Corrections Policy 107.007 Criminal Investigations
Minnesota Department of Corrections Policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response; Section; Reporting to Inmates
DOC2019-483

Minnesota Department of Corrections policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response requires the agency to inform the offender of the findings of the investigation. Policy requires the OSI or Assistant Warden of Operations must notify the alleged victim of the outcome (once it has been determined), whether the allegations are substantiated, unsubstantiated, or unfounded. OSI provides the alleged victim relevant information if another agency conducted the investigation. OSI also informs the alleged victim regarding actions taken as a result of an allegation against another offender or staff.

Following an inmate's allegation that a staff member has committed sexual abuse against him, unless the agency has determined that the allegation is unfounded or unless the inmate has been released from custody, the agency subsequently informs the inmate whenever the staff member is no longer posted within the inmate's unit or the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility. Following an inmate's allegation that a staff member has committed sexual abuse, unless the agency has determined that the allegation is unfounded or unless the inmate has been released from custody, the agency subsequently informs the inmate whenever the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an inmate's allegation of sexual abuse by another inmate, the agency will subsequently inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility. The agency documents all such notifications or attempted notifications through the use of computerized PREA Coordinators' office has developed to provide on time documentation of all PREA

related incidents, investigations, retaliation monitoring, notifications, and review committee incident reviews.

There one (1) PREA-related allegations investigations during the previous 12 months, which were reviewed by the auditor. The investigations were very thorough and detailed.

The inmate was provided information of the investigation outcomes.

Compliance with this standard was verified through the review of Policy, completed forms and interviews with PREA Support Staff and PREA compliance manager. A review of the Investigative files included notifications that were signed by inmate advising they had been informed the outcome of the administrative investigations.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENTS REVIEWED:

Minnesota Department of Corrections Policy 103.225 Fact-Finding Process and Discipline Administration

Minnesota Department of Corrections website provides all employees, contractors, and volunteers are expected to have a clear understanding that the department strictly prohibits any type of sexual relationship with an individual under the department's supervision, and considers such a relationship a breach of the employee code of conduct. These relationships will not be tolerated. Mandatory staff training and offender education is provided to convey the expectation.

Minnesota Department of Corrections policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response mandate that offenders, staff, contractors, visitors, volunteers, or any other individuals who have business with the DOC are subject to disciplinary action and/or criminal sanctions, including dismissal or termination of contracted services, if determined to have engaged in sexual abuse/harassment/staff sexual misconduct of an offender. A violation of this policy may result in termination from the DOC.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) is commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.

There have been no substantiated cases of staff engaging in sexual abuse or sexual harassment in the last twelve months. Compliance with this standard was determined by a review of policy and staff interviews including correctional staff, human resources director, contractors, and volunteers.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENTS REVIEWED:

Minnesota Department of Corrections Policy 300.045 Contractors
Volunteer Suspension Guidelines

Minnesota Department of Corrections policy 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response mandates in compliance with the Prison Rape Elimination Act (PREA) standards, any contractor, physical plant contractor, or design team consultant who engages in sexual abuse must be prohibited from contact with offenders/residents. The individual must also be reported to law enforcement agencies and relevant licensing bodies

unless the activity was clearly not criminal. Designated facility staff must also take appropriate remedial measures and consider whether to prohibit an individual from further contact with offenders/residents, in the case of any other violation of agency sexual abuse or sexual harassment policies. Further, this information is provided to volunteers and contractors through the Volunteer and Contractor Training modules.

Contractors and volunteers sign a directive entitled Prison Rape Elimination Act of 2003 Acknowledgement Form. Compliance of this standard was confirmed through review of the Policy, training records of volunteers and contractors, review of volunteer files containing acknowledgement statements, and interviews with volunteer and contractors.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENTS REVIEWED:

Minnesota Department of Corrections Policy 303.010 Offender Discipline
Offender Discipline Rules 2019

Minnesota Department of Corrections 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response address offender disciplinary. Minnesota Department of Corrections published an Inmate Disciplinary Procedures that address the standard for compliance with PREA disciplinary sanctions for offenders. Information on inmate disciplinary sanctions is provided as part of the orientation process upon entry into the facility. Disciplinary handbook states that No offender shall request, solicit, or engage in consensual sexual behavior or consensual sexual contact, or be in a situation that gives evidence of such action. Sexual behavior includes, but is not limited to, kissing, embracing, hand holding, touching the intimate parts of another person, exposing one's intimate parts to another, and inappropriate masturbation. "Intimate part" means breast, penis, anus, buttocks, scrotum, or vaginal area, whether clothed or unclothed. No offender shall have nonconsensual sexual contact with another offender. This rule prohibits sexual contact if the victim does not consent, is coerced into such act by overt or implied threatening behavior or is unable to consent or refuse. Inmates may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. When determining sanctions for violation of sexual abuse or sexual harassment the facility sanctions are commensurate with the nature and circumstances of the

abuse committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. When determining what types of sanction, if any, should be imposed, the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior. The facility mental health staff does offer the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The Mental health director indicated the facility would consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits. The facility provides some mental health services; however, the agency provides several Sex Abuse Therapy Program that would be available for sex offenders. Interviews with investigators, psychologist and review of policy confirmed compliance with this standard.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work,

education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENTS REVIEWED:

Minnesota Department of Corrections 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response; Section Intake Screening and Follow-up
Intake Screening

Mental Health Informed Consent

MN Statute 241-021 - Free Healthcare

PREA Mental Health Record

PREA Screening Including Historical Follow Up -Redacted

Minnesota Department of Corrections Policy 202.057 states that if through the screening process or a subsequent disclosure, staff learns information that indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff must ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Once OSI is contacted, OSI meets with the victim within 72 hours and explains the investigation options.

The policy also states that any information related to prior sexual victimization or abuse that occurred in an institutional setting must be limited to medical and mental health practitioners, OSI, and other staff, as necessary, to inform treatment plans, security, and management decisions, including such examples as housing, bed, work, education, and program assignments. The evaluation and treatment of a victim of prior sexual abuse/harassment or sexual misconduct includes follow-up services, a treatment plan, and referral for continued

care following transfer to/placement in another facility. Referrals may also be provided when the offender is released from custody. When appropriate, staff refers the offender to appropriate community services such as a crisis center, support groups, mental health treatment, victim advocate services, and area law enforcement.

Minnesota Department of Corrections Behavioral Health Services has developed computerized screening, rescreening and an informed consent which requires inmate signing that they are aware of informed consent, unless the offender is under the age of 18.

Interviews with Mental Health and Medical administrator provided a seamless system for the treatment of inmates with history of victimization. Both medical and mental health information is shared from the time inmates enter into the Minnesota Department of Corrections, during screening upon arrival at Faribault after any referral from staff or OSI. The Mental Health staff provide follow-up meeting and develop a treatment plan as needed. Minnesota Department of Corrections has implemented an information memo that includes notification of Mental Health informed consent.

Compliance was confirmed through review of Mental Health referral documents, interviews with inmates with prior history of victimization, mental health and medical staff and facility staff.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Policy 300.045 Contractors

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POLICY AND DOCUMENTS REVIEWED:

Minnesota Department of Corrections 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response
 SART response guide

Faribault Correctional Facility has twenty-four hour a day medical staff on duty. The mental health staff are on call 24 hours a day. The SARE response plan and agency policy mandates that upon discovery of an allegation of sexual assault security staff or other first responders are required to first ensure the protection of the offender and then call medical provider, as soon as possible.

Where medically appropriate the facility will ensure victims are offered timely medical care in accordance with professionally accepted standards of care. The Offender would be transported to Mayo Medical Center of Owatonna and Northfield Hospital for further treatment and forensic examination by a SAFE or SANE staff. Co-Payment for Health Services provides all treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Mayo Medical Center of Owatonna and Northfield Hospital provides a Sexual Assault Nurse Examiner for conducting the medical forensic examination and provides medical care as required. The facility medical director and Mayo Medical Center indicated that part of the emergency care and as part of the forensic examination, inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate Verification was confirmed by review of Policy, interviews

with medical and mental health staff, and telephone conversations with the representative from the Victim advocate director and Mayo Medical Center of Owatonna.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENTS REVIEWED:

Minnesota Department of Corrections 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response

Minnesota Department of Corrections Policy 500.010 Continuity of Care

Minnesota Department of Corrections Policy 202.057 Medical Tests

Mental Health Follow up

Minnesota Department of Corrections Behavioral Health Services has developed computerized screening, rescreening and an informed consent which requires inmate signing that they are aware of informed consent, unless the offender is under the age of 18. The Clinical staff would provide staff to attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Medical staff would contact the treating staff from the medical center that treated the victim and request a copy of plan of care from the medical center. Working in coordination with the

Clinical Psychologist, facility physician and contracting psychiatrist, the medical staff would continue or modify the treatment plan of care.

Interviews with Mental Health and Medical administrator provided a seamless system for the treatment of inmates who have been victimized. The Mental Health staff provide follow-up meeting and develop a treatment plan as needed. Mental Health staff would continue to provide treatment and follow up services as required including provide information to mental health services and victim advocate if the inmate is released or transfer from the facility.

Minnesota Department of Corrections has a victim advocate that has education and training requirements to provide additional counseling and intervention when requested by an inmate who has been victimized.

Compliance was confirmed through review of Mental Health referral documents, interviews with mental health and medical staff and facility staff.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENTS REVIEWED:

Minnesota Department of Corrections 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response- Incident Reviews
Incident Review

Minnesota Department of Corrections 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response- Incident Reviews requires the following:

- (a) Within 30 days of the conclusion of the investigation, unless the allegation was determined to be unfounded, a review team, designated by the Chief Administrative Officer, shall review the case and:
- (b) Determine what may have been the motivation for the incident or allegation

such as, but not be limited to, race, ethnicity, gender, gender identity, sexual orientation, transgenderism, intersex identification, gang affiliation, etc.

- (c) Determine if there is a need for changes to policy or procedure; or if factors such as physical barriers or staffing may have enabled the abuse.
- (d) Assess whether monitoring technology should be deployed to supplement staff supervision.
- (e) The review team shall prepare and submit to the Chief Administrative Officer and facility PREA Compliance Manager a written report of their findings and any recommendations for improvement.
- (f) Documentation for any recommendation not implemented shall be maintained.

A review of the Incident Review team meeting found there was an incident review team meeting for the sexual abuse. Compliance was determined by review of incident review team meetings, interviews with several incident review team member and facility warden.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENTS REVIEWED:

Minnesota Department of Corrections 202.057 Sexual Abuse/Harassment Prevention, Reporting, and Response- Definitions
 Minnesota Department of Corrections Policy 102.050 Data Collection
 SSV 2018 – Adult
 SSV 2018 – Juvenile

Minnesota Department of Corrections policy 102.050 Prison Rape Elimination Act - Data Collection, Review, and Distribution provides requirement that the PREA Office collects accurate, uniform data for every allegation of sexual abuse at facilities under the agency's direct control using a standardized instrument and set of definitions. The PREA Office aggregates the incident-based sexual abuse data annually. The incident-based data includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The PREA Office maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA Office aggregated data from every other facility with which it contracts for the confinement of inmates. Upon request, the agency provides all such data from the previous calendar year to the Department of Justice no later than June 30. The MNDOC website latest PREA Data Collection was date January 20, 2020. Compliance with this standard was determined by a review of policy/documentation and staff interviews.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENTS REVIEWED:

Assessment Addressing Sexual Abuse date January 24, 2020

Minnesota Department of Corrections policy 102.050 "Prison Rape Elimination Act - Data Collection, Review, and Distribution address all requirement of data collection and use of data. The PREA Office reviews data collected and aggregated in order to assess and improve the effectiveness of sexual abuse prevention, detection, policies, practices, and training. The review of data encompasses identifying problem areas and taking corrective action on an ongoing basis. The agency has an annual report, including corrective actions for the facilities.

The agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The agency's annual report is approved by the agency head and made readily available to the public through the agency's website. The agency identifies the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility. Minnesota PREA website was reviewed. PREA coordinator provided a copy of PREA Audit Report for 2019. Compliance with this standard was also determined by a review of policy/documentation and staff interviews.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENTS REVIEWED:

Minnesota Department of Corrections Policy 102.050 Data Collection
Record Retention

The approved annual report is retained by the DOC central office communications unit. The PREA Office is responsible for collecting this data. The agency makes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which its contracts, readily available to the public at least annually through its website. The agency removes all personal identifiers before making aggregated sexual abuse data publicly available. The agency maintains sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard.*) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All Minnesota correctional facilities have received at least one PREA audit since August 20, 2012. At least one-third of all Minnesota correctional facilities were audited during the one-year period after August 20, 2012. During the course of the facility audit, the Auditor toured the entire facility, was allowed to interview inmates and staff privately and was provided supporting documentation before and during the audit. Notifications of the audit were posted throughout the facility permitting inmates to send confidential letters to the Auditor prior to the audit. Notice of the audit was posted throughout the facility on March 3 and updated several times during the pandemic. The final posting was on July 30, 2020.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENTS REVIEWED:

All PREA Audit Reports are maintained on the Agency's website. This was verified through reviewing the website. The website can be reviewed through <https://mn.gov/doc/family-visitor/prea>

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

[Click here to enter text.](#)

[Click here to enter text.](#)

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.